

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6137

0107

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 157

02 02  
PLACE OF DEATH  
11 AND 11  
AL RESIDENCE  
X-

1. PLACE OF DEATH A. COUNTY <b>Cochise</b>		B. LENGTH OF STAY IN THIS TOWN <b>22 yrs.</b> IN ARIZONA <b>22 yrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> COUNTY <b>Cochise</b>	
C. CITY OR TOWN <b>Douglas</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Douglas</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>727 C. Ave.</b>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>727 C. Ave.</b>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Paulita</b> B. (MIDDLE) <b>V.</b> C. (LAST) <b>Bostick</b>			4. SEX <b>Female</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>
6B. NAME OF SPOUSE <b>T. Bostick</b>		7. DATE OF BIRTH MONTH <b>June</b> DAY <b>29</b> YEAR <b>1888</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>72</b>	IF UNDER 1 YEAR MONTHS <b>72</b> DAYS <b>72</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Housewife</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Mexico</b>	11. CITIZEN OF WHAT COUNTRY? <b>Mexico</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>No</b>	13. SOCIAL SECURITY NO. <b>none</b>	
14A. FATHER'S NAME <b>Bernardino Villasenor</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>	15A. MOTHER'S MAIDEN NAME <b>Maria Sevilla</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Mexico</b>
16. INFORMANT'S SIGNATURE <b>Chas. Bostick Vermillion S. Datta</b>			17. DATE OF DEATH (MONTH) <b>11-</b> (DAY) <b>16-</b> (YEAR) <b>1954</b>		

DECEDENT  
PERSONAL  
DATA 172  
8

CAUSE  
OF  
DEATH  
(ITEM 18) 0

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <b>260X</b> ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) <b>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <b>Anterior sclerotic</b>		<b>?</b>
	DUE TO (C) <b>Diabetic bulimia</b>		<b>?</b>
11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

PERATIONS,  
AUTOPSY 9

19A. DATE OF OPERATION <b>none</b>	19B. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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DEATH  
DUE TO  
EXTERNAL  
VIOLENCE -

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <b>none</b>	21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>none</b>	21C. (CITY OR TOWN) (COUNTY) (STATE) <b>none</b>
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>none</b> M	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>none</b>

MEDICAL  
OR CORONER'S  
RTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>11/16/54</b> , 19 <b>54</b> , TO <b>11/16/54</b> , 19 <b>54</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>11/16/54</b> , 19 <b>54</b> , AND THAT DEATH OCCURRED AT <b>12:45 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE <b>Ben B. Blount</b> (DEGREE OR TITLE) <b>no</b>	23B. ADDRESS <b>Douglas</b>
23C. DATE SIGNED <b>11/20/54</b>	

FUNERAL  
DIRECTOR  
AND  
REGISTRAR  
192

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>11-18-54</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Douglas, Arizona</b>
25A. DATE REC'D BY LOCAL REG. <b>Nov. 22/54</b>	25B. REGISTRAR'S SIGNATURE <b>E. Wadman</b>	26. FUNERAL DIRECTOR'S SIGNATURE <b>Curtis Page Douglas, Ariz.</b>	27. EMBALMER'S SIGNATURE <b>Curtis Page</b>
		321 CERT. NO.	